

RCP Recognition Nomination Form

The following individual deserves special recognition for representing exceptional service and care to a patient, colleague or the profession.

I would like to nominate the following respiratory care practitioner for the "RCP Recognition" award.

Name: _____ RCP #: _____

Hospital/Facility: _____

The reason I would like to nominate this person is because (please attach additional paper if necessary):

It is my pleasure to nominate this well earned professional. Please convey my appreciation for this exceptional service and consideration.

Name: _____ RCP #: _____

Hospital/Facility: _____

E-Mail: _____ Telephone: (____) _____

Nomination Review

Once the Board has a minimum of 5 individual nominations, it will review each nomination and vote on who is most deserving of recognition based on the following criteria:

- A) The individual's representation of the following values as it relates to patients, colleagues, and the profession:
 - 1) Service; 2) Dignity; 3) Responsibility; 4) Teamwork; 5) Trust, and 6) Accountability.
- B) How the individual's accomplishments relate to the promotion of the mission of the Board.

Nomination Submission

Please submit your complete nomination to:

Respiratory Care Board of California, 444 North 3rd Street, Suite 270, Sacramento, CA 95814
Telephone: (916) 323-9983; Fax (916) 323-9999; E-Mail: rcbinfo@dca.ca.gov